

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042548

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3024

Registrar's No. 260

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

SIKESTON

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

SHUFFET NURS. HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

SCOTT

admission)

c. CITY
OR TOWN

SIKESTON

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

11 BEL AIR

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

JOSHUA

BAKER

WALKER

4. DATE OF DEATH

Month

Day

Year

11-2-1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-23-1869

9. AGE (last birthday)

94

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET.

10b. KIND OF BUSINESS OR INDUSTRY

FARMER

11. BIRTHPLACE (City and state or country)

LATHROP MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN A. WALKER

13b. MOTHER'S MAIDEN NAME

INDIANA SWEAT

14. NAME OF HUSBAND OR WIFE

MYRTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. E.E. Leighninger - Sikeston Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of prostate with metastases to bone

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Branchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

20b. SUICIDE

20c. HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 10, 1963 to Nov. 2, 1963 and last saw her alive on Nov. 2, 1963. Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. C. Critchlow M.D.

22b. ADDRESS

Sikeston, Mo

22c. DATE SIGNED

Nov 5, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

11-3-63

23c. NAME OF CEMETERY OR CREMATORY

LATHROP

23d. LOCATION (City, town, or county)

LATHROP MO.

24. FUNERAL DIRECTOR

ADDRESS

Welsh Funeral Home - Sikeston Mo

25. DATE RECD. BY LOCAL REG.

Nov 8 1963

26. REGISTRAR'S SIGNATURE

Janette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 007

2 100

3

4 0

5 2

6

7 0

8 0

9 177X

10

11

12 860

13 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sebastian Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Embalmed Nov 2 - 1963